

Name
in
Full

CERTIFICATE OF DEATH

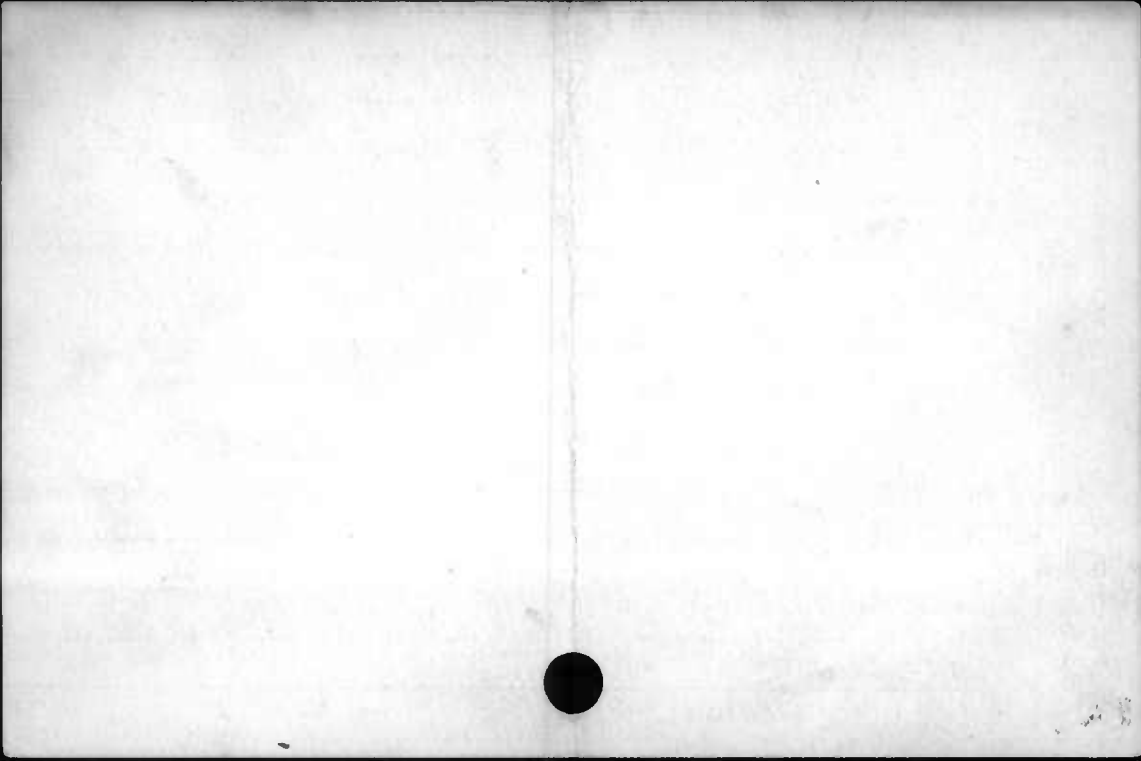
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>malcolm</i>		County <i>charles</i>		MARYLAND					
Date of death 190 <i>5</i>		Month <i>jan</i>		Day <i>18</i>		Age <i>17</i>		Months <i>Aug</i>		Days <i>11</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>chas. co.</i>							
Married, Single or Widowed <i>single</i>		Occupation <i>clerk</i>									
Name of Wife or Husband											
Father's Name <i>Washington Adams</i>						Father's Birthplace <i>Washington</i>					
Mother's Maiden Name <i>Mary V. Robey</i>						Mother's Birthplace <i>chas. co</i>					
Name of person giving information						How related to deceased					

CAUSES OF DEATH

Primary <i>Tuberculosis</i>		How long <i>unknown</i>	
Immediate <i>Heart failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. M. [illegible]</i>	
		Address <i>Aguasco Md</i>	
Accident or Suicide? <i>unknown</i>			

PHYSICIAN
OR CORONER



Name
in
Full

Paul Howard Barkley

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Perryman

Charles

Date

Month

Day

Years

Months

Days

of death

1906 Jan

3

Age

40

Sex

Male

Color or
Race

White

Birth-
place

Ches. Co.

Occupation

Farmer

Where Residing If not
at place of death

at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Lucy Barkley

Father's
Name

Walter H. Barkley

Father's
Birthplace

Ches. Co.

Mother's
Maiden Name

Elizabeth Berry

Mother's
Birthplace

P. Ges. Co.

Name of person giving
In formation

S. B. Barkley

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Two years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

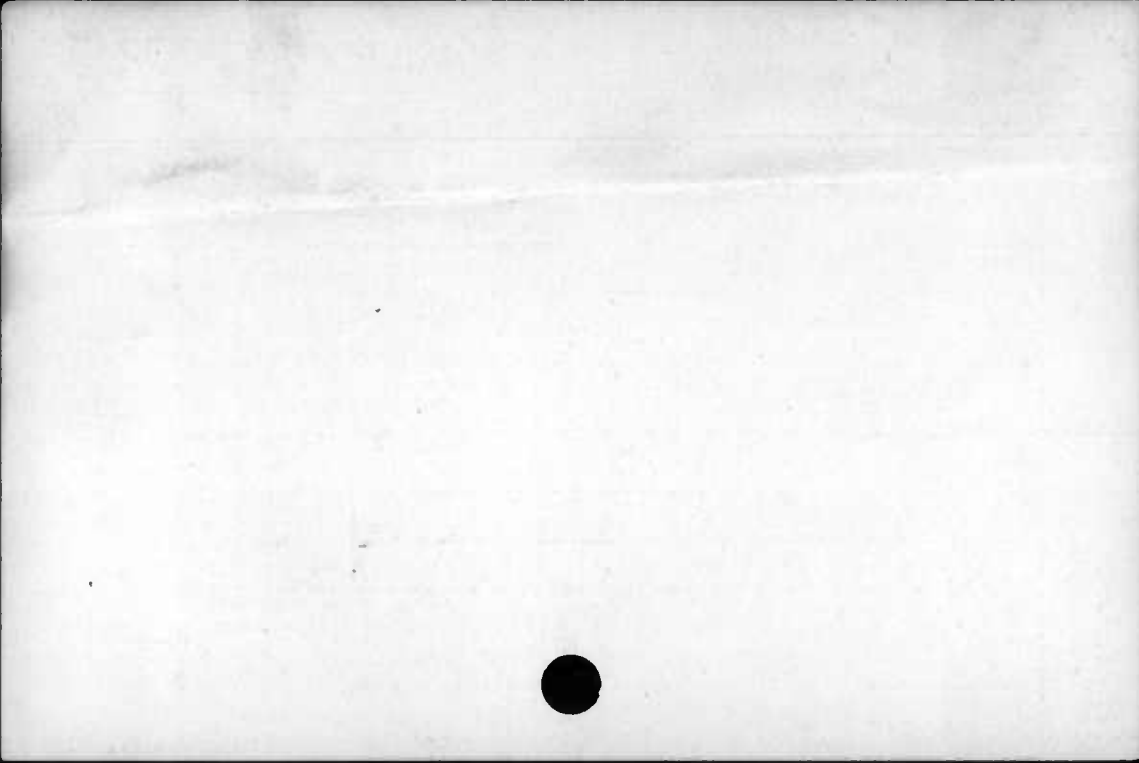
(2)

J. W. Mitchell M.D.
Perryman Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emma Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Chesapeake		MARYLAND		
Date of death 1905		Month 1	Day 14	Age 20		Years	Months —	Days —
Sex Female		Color or Race Black		Birth- place Ky.				
Married, Single or Widowed		Married		Occupation Housewife				
Name of Wife or Husband		William Campbell						
Father's Name						Father's Birthplace		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving information		Jas Campbell				How related to deceased		Father-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	3 years
Immediate	Heart failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Chas C. Chappell	
		Address	
		Keyserville Md	
Accident or Suicide?			

1-100



Name

In
Full

Not Named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Berry P.O.</i>		County <i>Charles</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Jan</i>	Day <i>7</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i> Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Charles Co</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>James Dabbs</i>			Father's Birthplace <i>Chas Co Md</i>		
Mother's Maiden Name <i>Hattie Young</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>James Dabbs</i>			How related to deceased <i>Farther</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malassimilation</i>	How long <i>2 Days</i>
Immediate <i>Hemotage</i>	How long <i>1 Hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Wickerson</i>
	Address <i>Waldorf Md</i>
Accident or Suicide?	<i>Sub Reg.</i>



Name
in
Full

Eadman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Gaumn's Green*

Town

Chesler

County

Date

Month

Day

Years

Months

Days

of death 1905

*January**27*

Age

Full term

Sex

Color or
Race*Coc's*Birth-
place*md*

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*James H. Eadman*Father's
Birthplace*md*Mother's
Maiden Name*Hennie Chapman*Mother's
Birthplace*"*Name of person giving
In formation*Father*How related
to deceased*Father*

CAUSES OF DEATH

Primary

True born S.I.

How long

—

Immediate

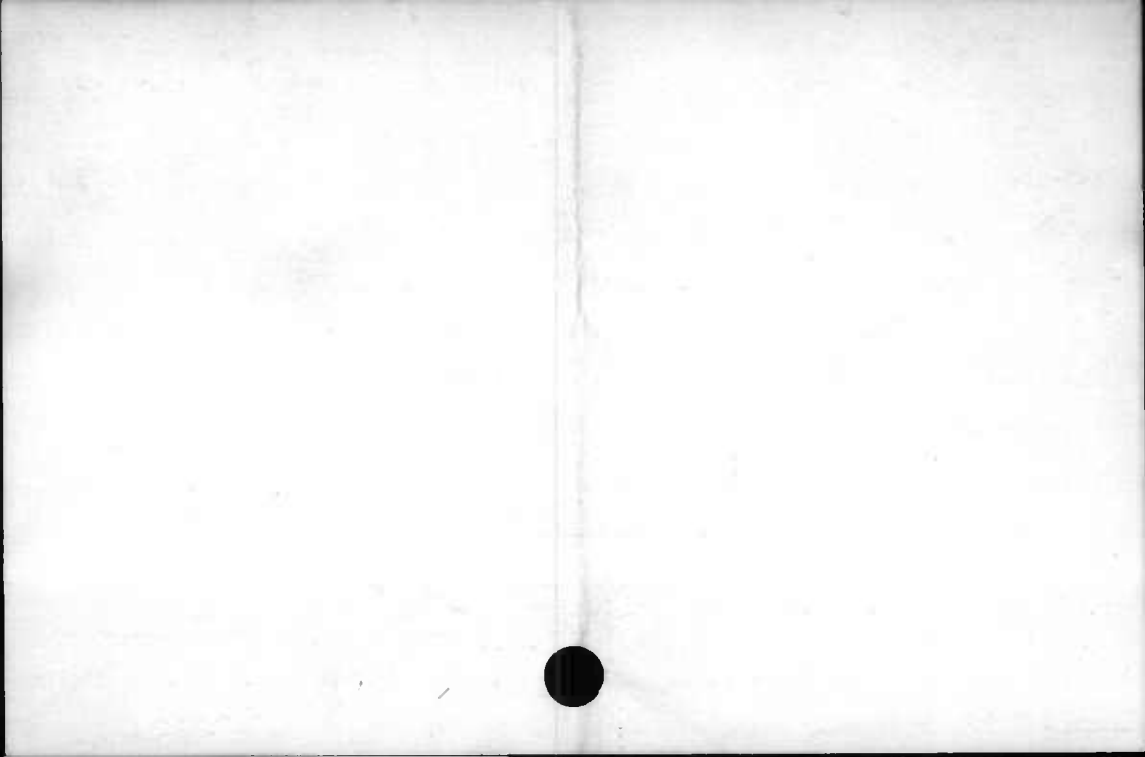
How long

*—*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J. B. Brown*

Address

Orpington Md

Accident or Suicide?



Certificate of Death

Ms Margaret Freere Charles C⁸

Town

County

Died at

Died at Madison Point Madison County
Month Day Y. M.

MARYLAND

Month

Day

Y

M

D.

Native of

Occupation

Date 199

Date ~~199~~ 1905 - Accu, 3

Age

70

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name _____

Name _____

Cause of

Primary

grace & truth

104

How long sick

8 day

Death

Immediate

heart for the

Accident, Suicide, Homicide

Reported by

Address

~~My~~ Sweetest
bookcase,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809

Attended by Dr.

J. J. Hunt

of

Liberty Co

Seen by Coroner

of

Information contained in this certificate received

from

of

Name
In
Full

Myrtle L Gray

CERTIFICATE OF DEATH

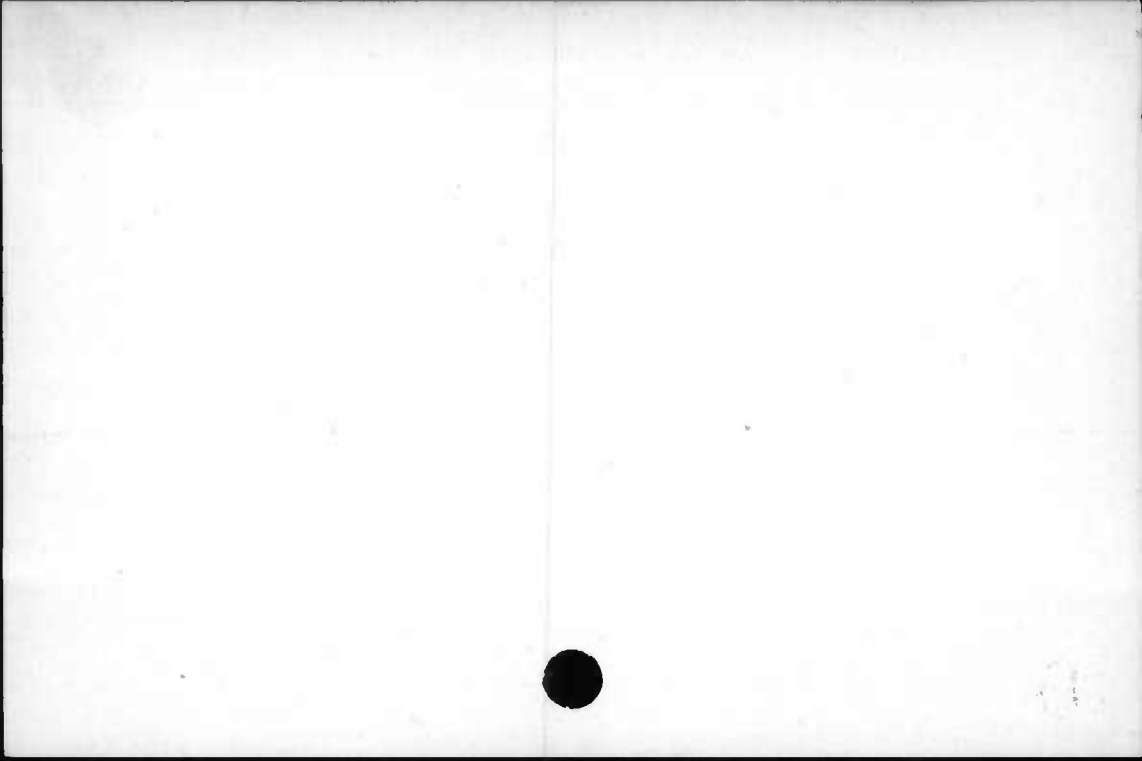
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pisgah</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan-</i>	Day <i>11</i>	Age . Years	Months <i>1</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>MD.</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Benjamin Gray</i>			Father's Birthplace <i>MD.</i>		
Mother's Maiden Name <i>Emma Brown</i>			Mother's Birthplace <i>MD.</i>		
Name of person giving information <i>Emma Brown</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Obscure</i>	How long	<i>all its life</i>
Immediate	<i>spasms</i>	How long	<i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>they are to the best of knowledge</i>		Signature of Physician <i>none in attendance</i>	
Accident or Suicide?		<i>W. H. Carpenter</i>	



Name

In
Full

Thos. S. Hancock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>La Plata</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>24</i>	Age <i>66</i>	Years	Months	Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Charles Co</i>			
Occupation <i>Primary School Teacher</i>		Where Residing if not at place of death <i>La Plata Md</i>					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jos. S. Hancock</i>				Father's Birthplace <i>Charles Co</i>			
Mother's Maiden Name <i>Mary Ann Markes</i>				Mother's Birthplace <i>Char. Co,</i>			
Name of person giving information <i>T. T. Owen</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic interstitial nephritis & arteriosclerosis</i>	How long <i>year or more</i>
Immediate <i>uraemia</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen, M.D.</i>
	Address <i>La Plata Md</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Name in Full John B. Lawson
 Died at Newport ^{Town} Charles ^{County} MARYLAND

Date Nov 5 ¹⁹ 1 ^{Month} 2 ^{Day} Age 70 ^{Y.} ^{M.} ^{D.} md ^{Native of} Farmer ^{Occupation}
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name John B. Lawson Mother's Name Math. A. Lawson

Cause of Death { Primary Gift How long sick 10
 Immediate Heart failure Accident, Suicide, Homicide

Reported by

Address

1 Must be signed by physician, if any in attendance, otherwise by undertaker or minister.

LIBRARY BUREAU, BOSTON



Name
in
Full

Ellen C. Lyles

CERTIFICATE OF DEATH

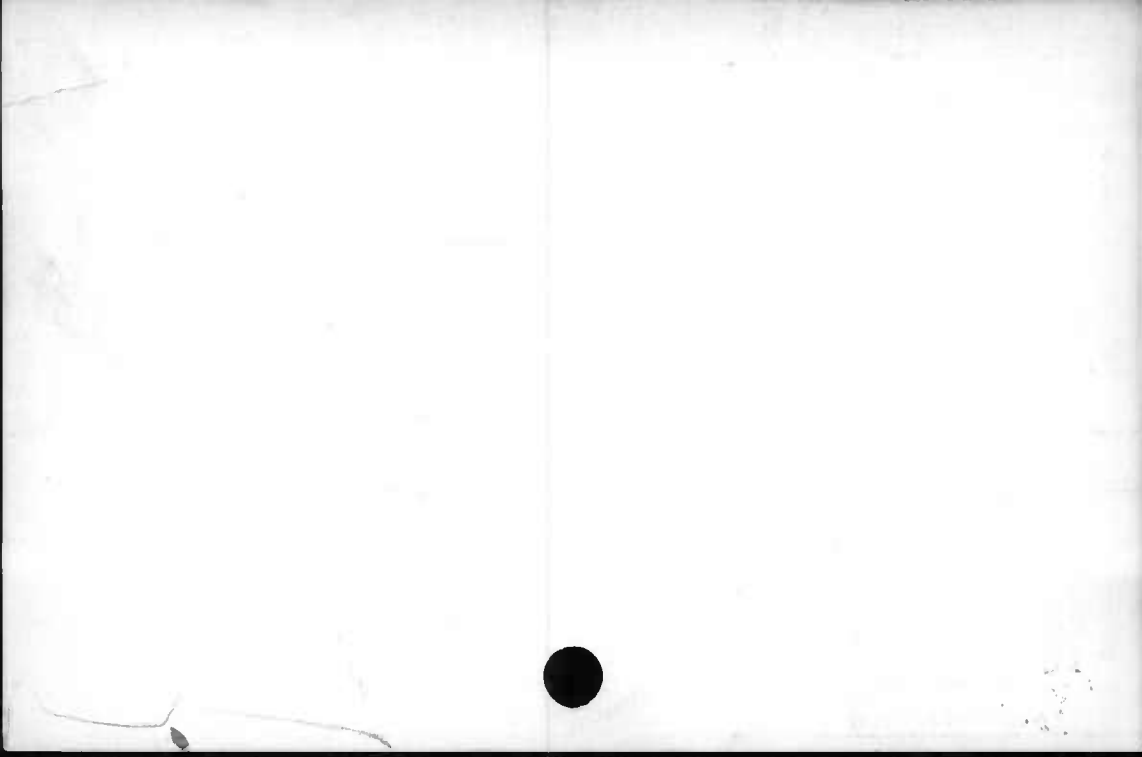
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Gallant Green</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1905 Jan</i>	Day	<i>27</i>	Age	<i>Years 8 Months 13</i>
Sex	<i>Female</i>	Color or Race	<i>Mutatto</i>	Birthplace	<i>Maryland</i>
Occupation			Where Residing if not at place of death		
			<i>at home</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Sam Lyles</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Martha King</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving Information	<i>Sam Lyles</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>I never saw this child but I think it was consumption</i>	How long	<i>5 or 6 months</i>
Immediate	<i>Took fresh cold last Monday Friends think pneumonia</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wm A. Marbury MD</i>	
		Address	
		<i>Agnesco. Maryland.</i>	
Accident or Suicide?			



Name
in
Full

Mrs Bettie Maddox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Doncaster ^{County} Charles

MARYLAND

Date of death 1905 Jan 2 Age 53 Months Days

Sex Female Color or Race White Birth-place Charles and

Occupation House work Where Residing if not at place of death Doncaster

Married, Single or Widowed or Name of ~~Wife or~~ Husband John Maddox Dead

Father's Name Don't know Father's Birthplace

Mother's Maiden Name 'Bry' W. Golden 44 Mother's Birthplace

Name of person giving information Perry W. Golden How related to deceased Friend

CAUSES OF DEATH

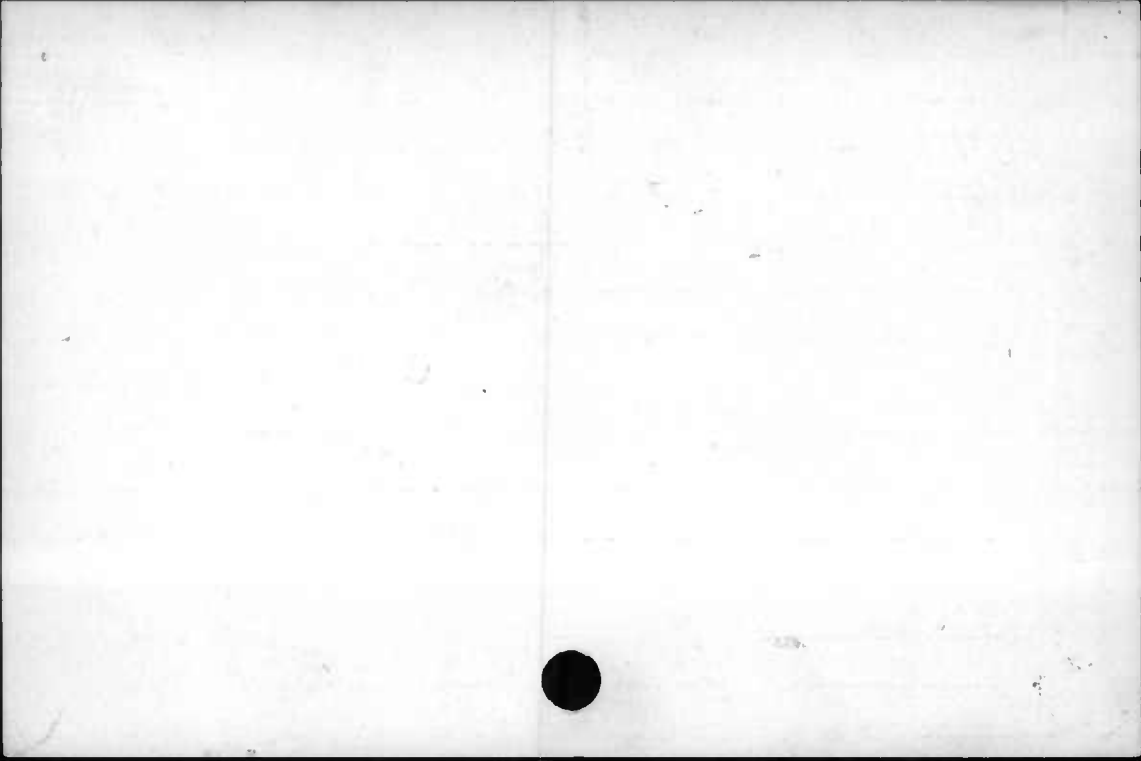
Primary Cancer on face How long 3 years

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Maxmillian Clement

Address 214 Regt

Accident or Suicide?



Name
in
Full

Rebecca E. Padgett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>La Plata</i> <small>Town</small>		County <i>Charles</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>4</i>	Age <i>59</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Charles Co</i>		
Occupation <i>housewife</i>	Where Residing if not at place of death <i>- - -</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Charles B Padgett</i>				
Father's Name <i>'Dory' Monroe</i>	Father's Birthplace <i>Chas Co</i>				
Mother's Maiden Name <i>Mary Robey</i>	Mother's Birthplace <i>Charles</i>				
Name of person giving information <i>Chas M. Padgett</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

Primary <i>Pneumonia, (acute) Lobar</i>	How long <i>10 days</i>
Immediate <i>Heart failure - exhaustion</i>	How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos. S. Owen, M.D.

Address

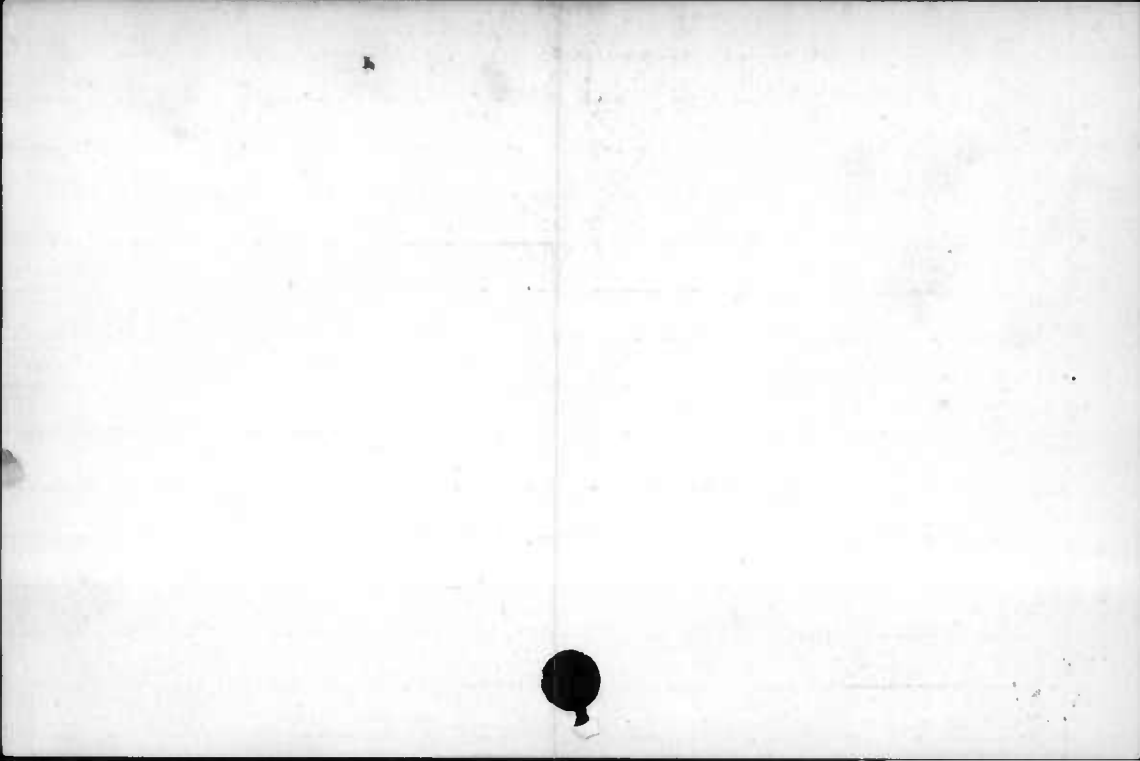
*La Plata**J. Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Sarah A. Padgett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Pisgah	County Charles		MARYLAND	
	Date of death	1905	Month Jan	Day 19	Age 76	Months	Days
	Sex	female		Color or Race	White		Birth-place
	Occupation	none		Where Residing if not at place of death		Chas Co. Ind.	
	Married, Single or Widowed	Widow		Name of Wife or Husband	George R. Padgett.		
	Father's Name	Williamson Padgett.				Father's Birthplace	Ind.
	Mother's Maiden Name	Ann Moreland.				Mother's Birthplace	Ind.
Name of person giving information	Cora L. Burgess				How related to deceased	daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER ①	Primary	General Debility				How long	1 Year
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	B Smith	
					Address	Duncaster Ind	
	Accident or Suicide?		No				



Name
in
Full

Not Named

CERTIFICATE OF DEATH

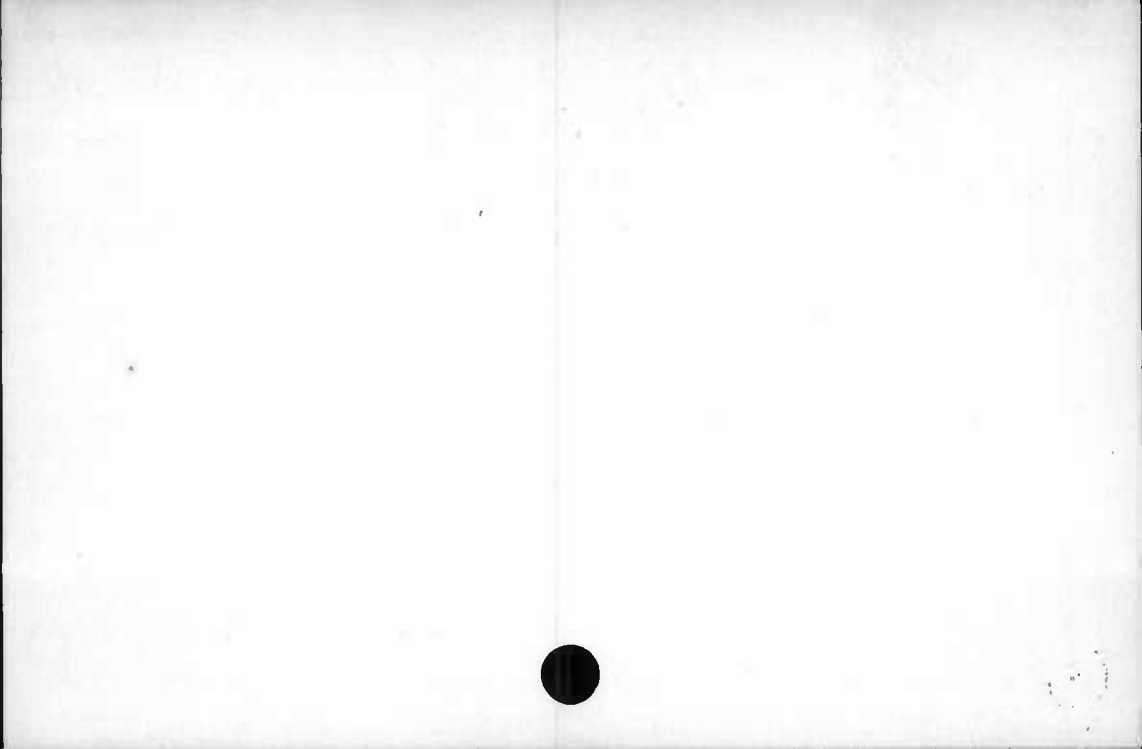
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Berry Co.</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death 1905-	Month <i>Jan.</i>	Day <i>12</i>	Age	Years	Months	Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Charles Co</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>James R. Pickersall</i>				Father's Birthplace <i>Char. Co. Md</i>			
Mother's Maiden Name <i>Frances Willcutt</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>James R. Pickersall</i>				How related to deceased <i>Farther</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malassimilation</i>	How long <i>7 Days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature <i>J. M. Mieser</i>
	Address <i>Waldorf Md</i>
Accident or Suicide?	<i>Sub Reg.</i>



Name
in
Full

Agnes Wilkerson Powers

CERTIFICATE OF DEATH

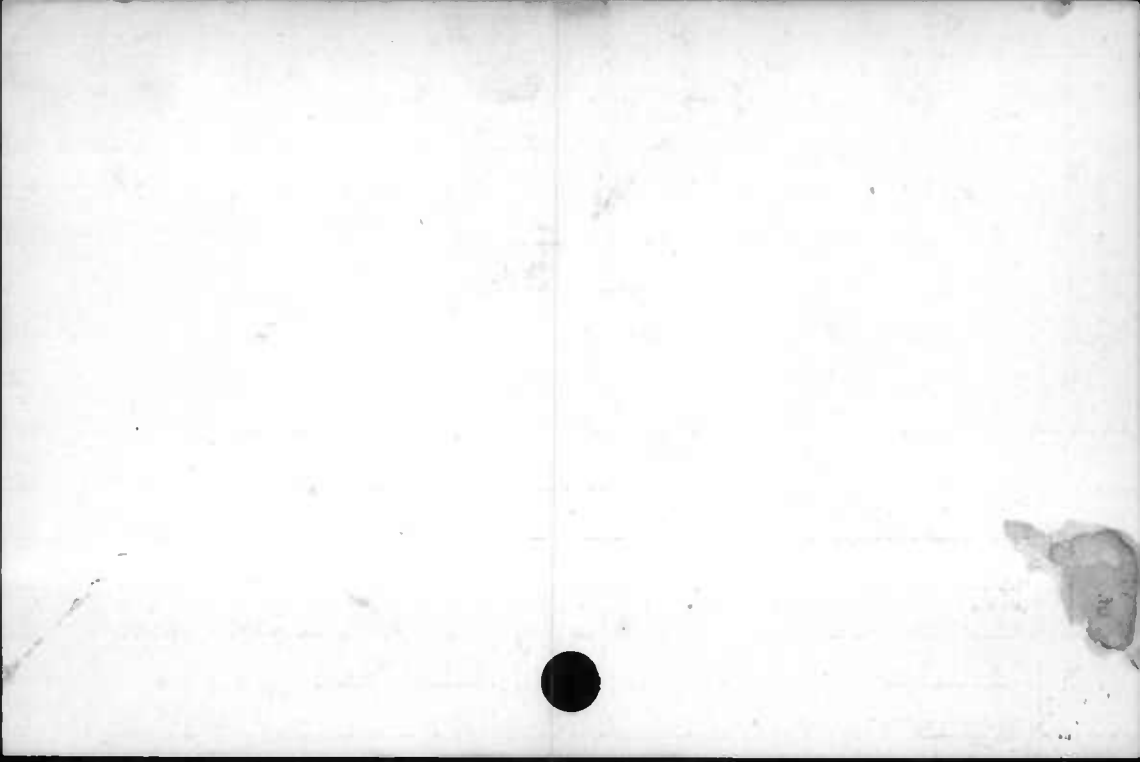
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hydrunt</i>		Town <i>Hydrunt</i>		County <i>Charles</i>		MARYLAND	
Date of death	1905	Month	Jan	Day	2	Age	3
Sex	Female	Color or Race	White	Years	7	Months	27
Birthplace	West, D.C.						
Occupation	None			Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed	No			Name of Wife or Husband			
Father's Name	A. F. Powers				Father's Birthplace <i>Alabama</i>		
Mother's Maiden Name	Mary J. Boykin				Mother's Birthplace <i>Pa-</i>		
Name of person giving information	A. F. Powers				How related to deceased <i>Father</i>		

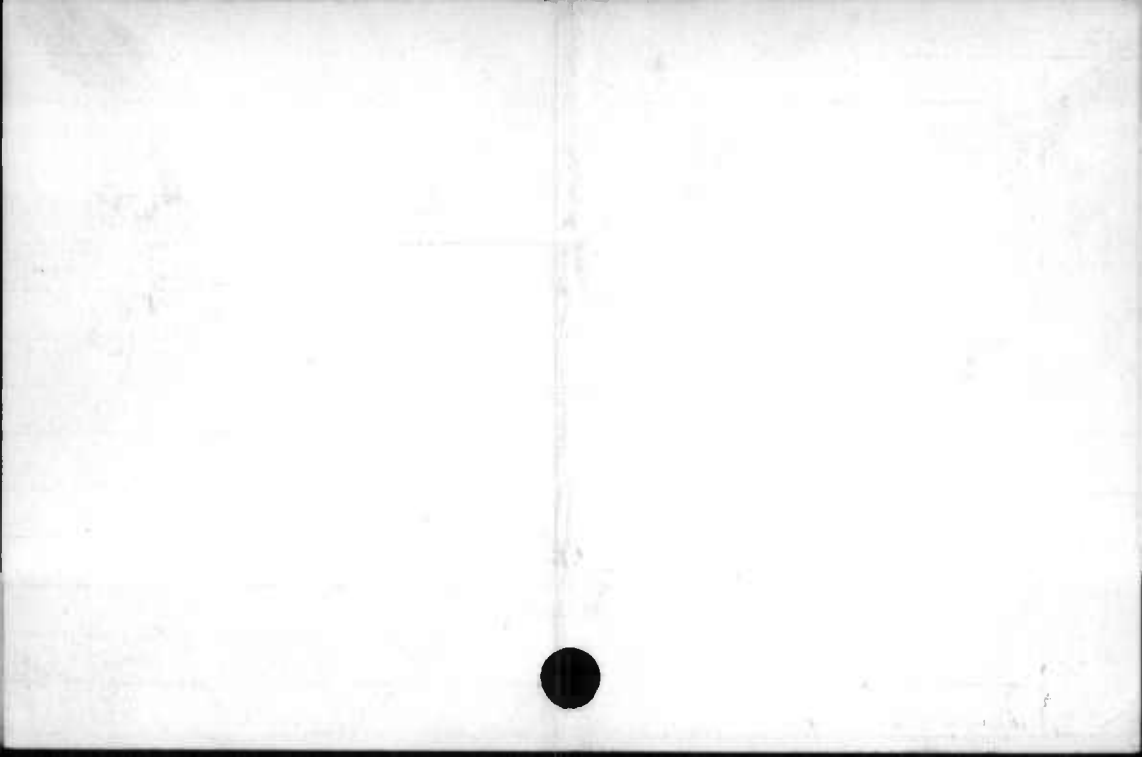
CAUSES OF DEATH

PHYSICIAN
OF CORONER

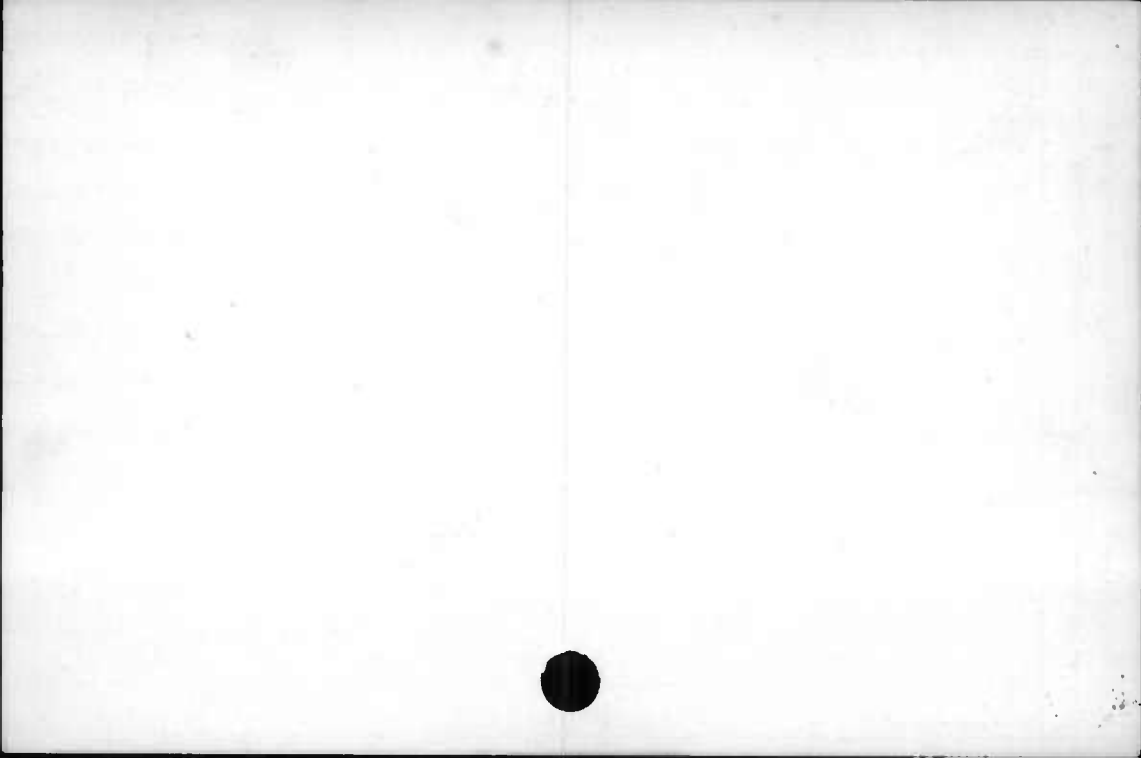
Primary	<i>Typhoid Fever</i>		How long	<i>4 weeks</i>
Immediate	<i>Pneumonia</i>		How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Mitchell M.D.</i>		
Yes		Address <i>Pennocky Ind.</i>		
Accident or Suicide?		No		



Name in Full		Robert Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>New River Side</i>			County <i>Chas.</i>		MARYLAND	
	Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>17</i>	Age <i>44</i> Years <i>30</i>	Months	Days	
	Sex <i>male</i>	Color or Race <i>black</i>			Birth-place <i>md</i>		
	Occupation <i>laborer</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>married</i>			Name of Wife or Husband <i>Ellen Sany</i>			
	Father's Name <i>James Smith</i>			Father's Birthplace <i>md</i>			
	Mother's Maiden Name			Mother's Birthplace			
	Name of person giving Information			How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Tuberculosis</i>			How long <i>One year or more</i>			
	Immediate <i>with virus phlegm</i>			How long			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>J. H. Speake md</i>			
				Address <i>Gratton md</i>			
	Accident or Suicide? <i>no</i>						



Name in Full		Mary Bena Snauer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Falkner	County Charles		MARYLAND	
	Date of death	1905	Month Jan	Day 25	Age	Years 10	Months 10
	Sex	Female		Color or Race	Colored		Birthplace
	Occupation		—		Where Residing if not at place of death		
	Married, Single or Widowed		—				
	Name of Wife or Husband		—				
PHYSICIAN OR CORONER	Father's Name		J. M. Snauer		Father's Birthplace		Charles C.
	Mother's Maiden Name		Barbra A. Prichard		Mother's Birthplace		Charles C.
	Name of person giving information		H. Snauer		How related to deceased		Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Euthanasia		How long		2 weeks
	Immediate		Asphyxia		How long		4 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. Spencer
					Address		Bel Air Md
Accident or Suicide?		<input checked="" type="checkbox"/>					



Name
in
Full

CERTIFICATE OF DEATH

William Alexander Vincent

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} La Plata

County Charles

Date of death 1905 ^{Month} Jan^{Day} 31 ^{Year} 77

Age 77

^{Months} 4^{Days} —

Sex Male

Color or Race Colored

Birth-place Charles Co.

Occupation Carpenter

Where Residing if not at place of death

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Don't know

Father's Birthplace

Mother's Maiden Name " "

Mother's Birthplace

Name of person giving information Willie Vincent

How related to deceased Son

CAUSES OF DEATH

Primary Paralysis

How long 24 Hours

Immediate Heart Failure

How long " "

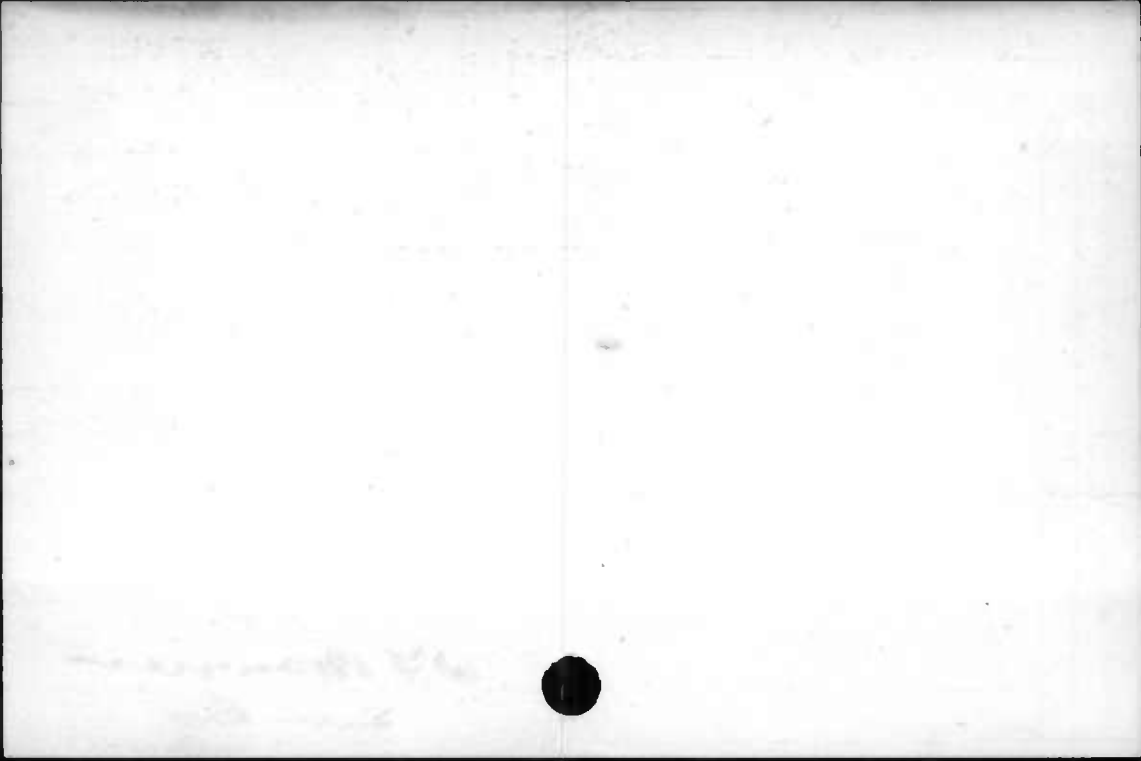
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Peter W. Roby acting Coroner

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Warren				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cedar Point Creek		County Chs		MARYLAND
	Date of death	1905	Month	1	Day	"	Age
	Sex		Male		Color or Race		Black
	Occupation		Woman		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		John Warren		Father's Birthplace		Chs Co Md
Mother's Maiden Name		Annie Byer		Mother's Birthplace		" "	
Name of person giving information		Caroline Cooper		How related to deceased		Niece	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Full Born			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		None attending
					Address		W. F. Brown
Accident or Suicide?						Sub Reg	

Reported by
W. H. Browner
Folk Reg

Name
in
Full

Vellie Washington

CERTIFICATE OF DEATH

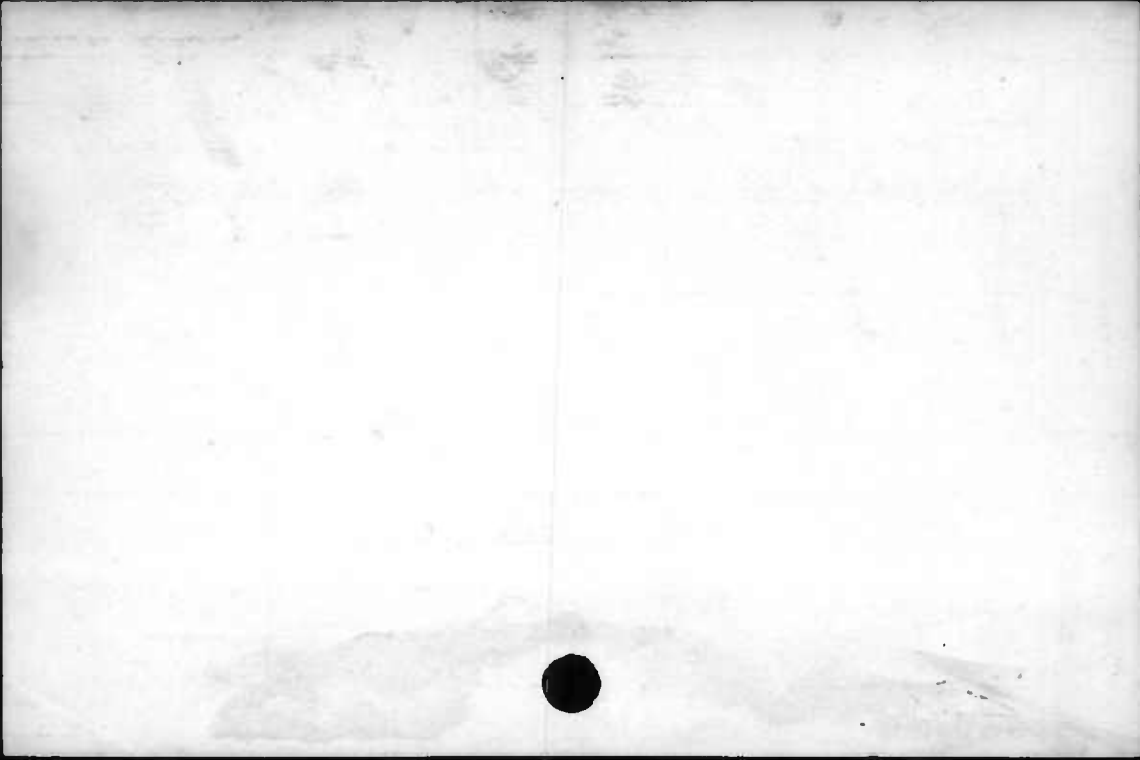
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near nanperry</i>		Town <i>Nanperry</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>8</i>	Age <i>60</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>B</i>		Birth-place <i>Charles & Anna</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death <i>Nanperry</i>				
Married, Single or <i>Widowed</i>		Name of Wife or Husband <i>Henry Washington</i>					
Father's Name <i>Mark Moore</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace <i>178</i>			
Name of person giving information <i>Thomas Barbour</i>				How related to deceased <i>Friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Supposed Heart Disease</i>	How long
Immediate <i>Dead Sudden</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Maximilian Clements</i>
	Address <i>Sut Rest</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Albert Heems

Town

County

Died at

MARYLAND

Date 19 05 Jan. 11 | Age 22 | Married | Widow | Divorced | Widower | Occupation
 Male White | Married | Widower | Divorced | Number of children living
~~Female~~ | Colored | Single | ~~Widower~~

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

10
18 days

Accident, Suicide, Homicide

Reported by

Address

T. L. McGowan
Blayside

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Arabella G. White

Town

County

Died at

Bel Alton

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1905

Jan. 10

Age

5

Charles

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

John White

Mother's

Name

Carrie Hanson

Cause of

Primary

Convulsions

How long sick

2 mo

Death

Immediate

Accident, Suicide, Homicide

Reported by

John White

Father

John W. Roby D.P.

Address

Bel Alton Md

Bel Alton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near</u> ^{Town} <u>Charles</u> ^{County} <u>Maryland</u>		MAYLAND	
Date of death <u>1905</u> ^{Month} <u>Jan</u> ^{Day} <u>10</u>	Age <u>7</u> ^{Years} <u>Weeks</u> ^{Months} <u>—</u> ^{Days} <u>—</u>		
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>md</u>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Jabaz Wright Jr</u>	Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Flora B. Bowie</u>	Mother's Birthplace <u>md</u>		
Name of person giving Information <u>Alfred Bowie</u>	How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>abscess neck</u>	How long <u>29</u>
Immediate <u>Boissonnais & Thelmer</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>J. H. Spence</u>
	Address <u>Carrollton</u>
Accident or Suicide? <u>—</u>	<u>md</u>

